

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90004 015 ***558.75

DOCUMENT # P04000081424

1. Entity Name
THE INTERIOR CARPENTRY GROUP, INC.



Principal Place of Business Mailing Address
1802 EASTERN DRIVE **1802 EASTERN DRIVE**
JACKSONVILLE BEACH, FL 32250 US **JACKSONVILLE BEACH, FL 32250 US**

50053385

2. Principal Place of Business 3. Mailing Address
2027 Mayport Road **PO Box 330810**
Suite, Apt. #, etc. Suite, Apt. #, etc.



01142005 Chg-P CR2E034 (10/03)

City & State City & State 4. FEI Number Applied For
Atlantic Beach, FL **Atlantic Beach, FL** **20-1166420** Not Applicable
Zip Country Zip Country
32233 **USA** **32233** **USA**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MACRI, JENNIFER M
371 PLAZA
ATLANTIC BEACH, FL 32233
Name
Street Address (P.O. Box Number is Not Acceptable)
348 Plaza
City State Zip Code
Atlantic Beach, FL 32233

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Registered Agent 5/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRSTEN, STEPHEN D		NAME		
STREET ADDRESS	371 PLAZA		STREET ADDRESS	348 Plaza	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACRI, JENNIFER M		NAME		
STREET ADDRESS	371 PLAZA		STREET ADDRESS	348 Plaza	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Secretary 5/30/05 904-987.7453
Signature and typed or printed name of signing officer or director Date Daytime Phone #